

Self-Certification Affidavit

Name: _____ Date of Birth: _____
 Last First Middle

Delaware Driver License Number: _____

Home Phone: _____ Cell Phone: _____

Are you submitting a copy of your medical certificate? YES NO (please circle one)

(Note: Only Class A, B or C CDL holders selecting Category 1 must submit a copy of the medical certificate.)

Please select only one of the following Self-Certification categories below.

I certify my commercial transportation is:

- ☐ Category 1-Non Excepted Interstate; Interstate commerce driver and subject to 49 CFR 391 and required to obtain certificate by 49 CFR 391.45. (*Medical certificate and affidavit must be submitted.*)

*** If you fall under any of the below categories while also operating a vehicle that falls under category 1, you must select category 1.**

- ☐ Category 2-Excepted Interstate; Interstate commerce driver operating *exclusively* in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, 398.3. (*Only the affidavit must be submitted.*)
- ☐ Category 3- Non-Excepted Intrastate; Intrastate *only* commerce driver subject to State driver qualification requirements. (*Must present to DMV to obtain a new license document with "K" restriction if your license does not already have one.*)

Driver Signature

Date

Please mail the medical certificate (if applicable) and the Self Certification to:

Mail: Delaware Division of Motor Vehicle
Attn: CDL Department
P.O. Box 698
Dover, DE 19903

Fax: (302)739-2602 Attn: CDL Department